

FORM B
TESTING ACCOMMODATIONS - PHYSICAL DISABILITIES VERIFICATION
(Please print or type; must be legible)
(To be completed by a physician or licensed professional)

Name of applicant requesting testing accommodations: _____

I. QUALIFICATIONS OF THE EXAMINER/DIAGNOSTICIAN

Name of professional completing this form: _____

Address: _____

Telephone number: _____

Occupation, title & specialty:

License number: _____

II. DISABILITY DESCRIPTION AND HISTORY

1. Name of Disability: _____

2. When was the disability first diagnosed?: _____

3. When was the date of your last examination of the applicant?: _____

4. Is this a permanent condition or disability? ☐ **YES** ☐ **NO**

5. If no, when is the condition/disability likely to abate?: _____

6. Briefly describe the nature and severity of the applicant's disability:

7. How does the disability affect the applicant's ability to take the examination, with a focus on the **functional impact or limitation** resulting from the specific disability?:

III. ACCOMMODATION REQUESTS

A specific disability only qualifies for accommodations if there is evidence of the disability impact on test taking that can be ameliorated by specific accommodations. These accommodations should not cause an unreasonable burden on the Committee of Bar Examiners and should not lower the standards of the examination. Objective evidence should be provided indicating that a) there is an actual disability impacting test performance, and b) the accommodations you recommend are reasonable to ameliorate the disability.

Based on the applicant's disability, what specific testing accommodations would you recommend for taking the examination? (Check below all specific accommodations you believe are necessary. Note: The accommodation of extended time needs additional specific information.)

Alternative Formats

- ☐ Audio Cassette Version of the Examination
- ☐ Large Print Examination Materials
(check one: ☐ 18 pt or ☐ 24 pt.)
- ☐ Word Processor
- ☐ Computer (only if software is available to restrict access)
- ☐ Braille Version of the Examination
- ☐ Private Room
- ☐ Semi-private Room
- ☐ Extended Time (complete section below)
- ☐ Other _____

Personal Assistance

- ☐ Dictate to a Typist
- ☐ Reader
- ☐ Scribe
- ☐ Assistance with multiple-choice answer sheet (Scantron sheet)
- ☐ Dictate to a Tape Recorder

Architectural/Environmental

Describe (e.g. wheelchair access, temperature controlled room, non-fluorescent lighting, etc.)

Permission to Bring Personal Furniture or Equipment

Describe (e.g. footstool, ergonomic chair, word processor, computer, etc.)

Permission to Bring Personal Items

Describe (e.g. medications, lamp, wrist splints, ice and ice-chest, etc.)

Please provide rationale for requests indicated: _____

Accommodation of Extra Time

Specify the amount of **additional time** requested for each session of the examination. Indicate why additional specified time is needed and the rationale for the amount of time for each test format of the examination. The Bar Examination has six 3-hour sessions (three essay questions or one performance test or 100 multiple-choice questions per session) and the First-Year Law Students' Examination has one 4-hour session for administration of its four essay questions and one 3-hour session where 100 multiple-choice questions are administered.

All requests for additional time must specify the exact amount of additional time. Timing is not interrupted during a session; total time granted includes breaks, except the lunch break. Applicants will not be allowed to leave the secured test center for the lunch break if it occurs during a session. No accommodation of unlimited time will be granted. If additional testing time is requested, but the specific amount of additional time is not indicated, the petition will be returned as incomplete.

Essay: Specify the amount of additional test time needed per session and rationale: _____

Performance Test: Specify the amount of additional test time needed per session and rationale:

Multiple-Choice: Specify the amount of additional test time needed per session and rationale:

IV. PAST ACCOMMODATIONS

List accommodations that have been granted to the applicant in the past:

V. CONFIDENTIALITY

Confidentiality policies of the Committee of Bar Examiners/Office of Admissions of The State Bar of California will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form will be released without the applicant's written consent or under the compulsion of legal process.

VI. LICENSED PROFESSIONAL'S SIGNATURE

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

(Signature of Licensed Professional)

(Date)

The Committee of Bar Examiners reserves the right to make final judgement concerning testing accommodations and may have all documentation related to this matter reviewed by a panel or professional consultants if deemed necessary.